Senior Executive Service			Employee Comments Attached				APPRAISAL PERIOD					
APPRAISAL RECORD				☐ Yes ☐ No			From			То		
NAME (Last, First, MI)			BASE SA	LARY	TITLE							
PRB AGENCY							SOCIAL SECURITY #			ACCOUNTING CODE		
DATE ENTERED SES DATES OF LAST (MM/YYYY):										1		
Bonus:			Salary Adjustment:				D. Rank			M. Rank		
SUPERVISOR'S INITIAL RATING									PRB RA	TING		
PERFORMANCE ELEMENT (check box if element is critical)			Exceeds Fully Successful	Meets Fully Successfu	Does I Meet F Succes	Fully	Exceeds Fully Successful	Meets Fully Successful	Does Not Meet Fully Successful	Accom     Accom     suppor     Other (	plishments exceed rating plishments do not t rating (specify)	
1. Leadership/Management		Х										
2. Mission Results		X										
3.												
4.												
5.												
6.												
	TOTAL		Exceeds	Meets	Does N Mee		Exceeds	Meets	Does Not Meet		TOTAL	
SUMMARY RATING (check one)								PRB SUM	MARY RA	TING (	check one)	
OUTSTANDING  All appraisal units are at "Exceeds."								CONCUR WITH SUPERVISORY SUMMARY RATING				
SUPERIOR  More appraisal units are at "Exceeds" than at "Meets for successful" but none are rated "Does not meet."							CHANGE SUMMARY RATING TO (specify):					
FULLY SUCCESSFUL Any combination of appraisal units which fall between "Superior" and "Minimally Satisfactory."							PRB RECOMMENDATIONS					
MINIMALLY SATISFACTORY  More appraisal units are at "Does not meet" than at "Exceeds."				at				RETAIN BONUS				
One or more critical elements are appraised at "Does not meet."							☐ REASSIGN ☐ D. RANK AWARD					
I have a copy of the Governmentwide standards of conduct (including USDA/Agency				y regs). yes no				REMOVE M. RANK AWARD				
I attended the required annual ethics training.    Wes   no   EMPLOYEE'S SIGNATURE &				& DATE				BASE SALARY ADJUSTMENT TO \$ (INDICATE TOTAL PERCENTAGE%)				
SUPERVISOR'S SIGNATURE & DATE REVIEWER'S SIGNATURE &				& DATE				PRB CHAIRPERSON'S SIGNATURE & DATE				
	AGENCY	GENCY HEAD RECOMMENDATIONS										
(more than one block may apply)  RETAIN REASSIGN REMOVE * BONUS * D. RANK AWARD M. RANK  * Justify on reverse recommended actions based on appraisal, summarizing brief managerial and program accomplishments and impact on agency or Departmen				\$ ====================================				SIGNATURE OF SECRETARY'S OFFICE OR AGENCY HEAD & DATE				
SECRETARY'S APPROVAL – FINAL RATING												
SIGNATURE OF SECRETARY			DA			ATINO	G SALARY		RY ADJUST	MENT	BONUS AMOUNT	